FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

lowa Ethics and Campaign Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax. 515-281-4073 electronically. Effective May 1. 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

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2010 HAY 17 PM 1: 06

COMMITTEE NAME (Must be same as an Statement of Organic Park Park Park Park Park Park Park Park	2)State PAC (3)State Party Idete (7)School Board or Other Political Board or Other Political Subdivision PAC (Political Party (if applicable) District (if Senate or House)	Comm. #
candidate's committee. and the chairperson, for any other type of candidate's committee. Signature of person exceptions are subject to possible divided the chairperson, for any other type of candidate's committee.	3/(27).3577 TELEPHONE	or filing timely and accurate reports. S. 17, 10 DATE SIGNED
I AM FILING A	REPORT FOR (1) ELECTION /(
☐ CHECK IF AMENDMENT TO REPORT DATED ☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.	cal Committees, enter Date of Election cunty & Local Committees, enter County in high Election is held
STATEMENT OF CASH ON HAN	D	
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f ADD TOTAL MONEY TAKEN IN THIS PERIOD	cash on hand at the end	
Schedule A: Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule		
Schedule H: Total Sales of Campaign Property (Att		
(Schedule H applies to Candidates' Com	mittees Only)	
	SUB-TOTAL SUB-TOTAL D) (**also see debts and loans below)	20.00
(Schedule H applies to Candidates' Com SUBTRACT TOTAL MONEY SPENT THIS PERIOR Schedule B. Expenditures total (Attach Schedule B	SUB-TOTAL D (**also see debts and loans below) ule F)	

File with.

For Instructions, See Back of Form

Reset Form

SCHEDULE

Α MONETARY **CONTRIBUTIONS -- MONEY TAKEN IN** (Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) **CHECK THIS BOX IF** COMMITTEE NAME (Must be same as on Statement of Organization) **AMENDING FORM**

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MW/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
03/03/10	ID#	SIMBLUSHUN 915577785T. CEDAR FALLS /A		\$ 2000_	
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			SUB-TOTAL	\$	
		TOTAL (if last pag	ge of this schedule		1
a Dissipation form	requires condidate commit	ttees to disclose the relationship of any relative making a contribu	lion to the	<u> </u>	-1

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by manisge) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B	MONETARY
(Rev. 07/03)	EXPENDITURES
☐ CHE	CK THIS BOX IF

AMENDING FORM

DATE XPENDED MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/03/10	ID# CK#	/ECDB	FIVE PAYMENT	s 2000
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	CK#			
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			SUB-TOTAL	1
			TOTAL (if last page of this schedule)	8 90 ge
Purchases of	rcertain campaign pro	_	entoried on Schedule H. (Refer to Schedule H inst polling, managing, organizing services must also be be by the person/entity on behalf of the candidate's	a datali itemized e

(for Schedule 8)